

## **NCC Sports and Athletics**

Department of Community Services 77 Reads Way • New Castle, DE 19720 (302) 395-5890 (office) • (302) 395-5892 (fax)





## 2022-23 INDOOR SOCCER

Co-Rec, Men's and Women's Leagues

PROGRAM	10 some cocces, one some new week Teams	nless France Transfer five (OF) minute helpes
HIGHI IGHTS:	10-game season; one game per week. Teams	play 5-on-5. Twenty-live (25) minute halves

**GAME TIME /** Games will be played Mon-Thu evenings, 6:00pm-10:30pm, and Sat-Sun from 3:00pm-10:00pm.

**LOCATIONS:** All games will be played on the indoor turf court at Kirkwood Soccer.

**SEASON:** <u>Starts:</u> Monday, November 28 (tentative) <u>Ends:</u> week of March 19, 2023.

**LEAGUE**No managers meeting. Roster/waiver information will be released by opening night. Call the

**MEETING:** Sports Office for schedule questions.

**ENTRY FEE:** \$400.00 per team includes awards, coordinator and administrative fees, and facility rental.

Teams must also pay \$15.00 per team per game to the official at the playing site.

REGISTRATION: Note: Registration will not be processed without complete payment (credit card, check, or money

order only) or note of authorization from sponsor.

Registration is on a first come - first served basis. Registration is limited to 50 teams.

**EQUIPMENT:** A regulation Futsal ball must be supplied by the home team for each game. Only Futsal balls

will be permitted in the facilities. All players are required to wear shin guards.

**SPECIAL** Co-Rec League is played with 3 female field players, 2 other field players and a goalkeeper.

**RULES:** Shin guards are required equipment for players in all leagues.



For real-time program updates and announcements, follow the Sports Office on Twitter <a>@nccdesports</a>.

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## 2022-23 ADULT WINTER INDOOR SOCCER LEAGUES

Full payment should be submitted with this registration form. Checks (no cash, please) should be made payable to "NCC".

More details online at <a href="nccdesports.com">nccdesports.com</a> (payment required at time of registration)

Manager			Manager Signature to Acknowledge Responsibility for Payment (required)						
Address		City, State, Zip Code Email Add		Email Addres	ess				
Home Phone Daytime Pho		one	Cell Phone			Cell Carrier (for text messaging)			
League (Cicle One)		Co-Rec		M	Men		Women		
Team			Previous Team Name (if returning from '21-'22)						
Team Rating (Circle One)	(No	1 vice)	2	(In	3 termediate)	4		5 (Competitive)	
For Office Use	Date		Amount	Check Name		e	Chec	Check No. / Bank No.	

American Express, Discover, MasterCard, and Visa accepted. Registration will be processed upon receipt of credit card information.

Check here to pay with a credit card.	You will be contacted by staff for payment information.
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